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APPLICATION NO.	F	ILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/904,960		07/13/2001	James T. Kellis	CLMCR.005A	4116
20995	7590	06/21/2005		EXAMINER	
KNOBBE MARTENS OLSON & BEAR LLP				ABDULSELAM, ABBAS I	
	2040 MAIN STREET FOURTEENTH FLOOR				PAPER NUMBER
IRVINE, CA 92614				2677	

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Please find below and/or attached an Office communication concerning this application or proceeding.

Application No. Applicant(s) 09/904,960 KELLIS, JAMES T. Interview Summary Examiner Art Unit Abbas I. Abdulselam 2674 All participants (applicant, applicant's representative, PTO personnel): (1) Abbas I. Abdulselam. (2) Shila. Date of Interview: 20 June 2005. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal (copy given to: 1) applicant 2) applicant's representative Exhibit shown or demonstration conducted: d) Yes e)∐ No. If Yes, brief description: . Claim(s) discussed: _ . Identification of prior art discussed: Agreement with respect to the claims f) was reached. g) was not reached. h) N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: The examiner will issue a new office action within two weeks. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required